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**OCT 19 2006**

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**Date:** 19 October 2006

**Pages:** 11

**To:** Examiner Anne Marie M BOEHLER (GAU 3611)

**From:** Brian C. Altmiller

**Fax No.:** 571-273-8300

<b>Applicant:</b> TODA et al. <b>Serial No.:</b> 10/776,196 <b>Filed:</b> February 12, 2004 <b>Title:</b> CONTROL UNIT FOR ELECTRIC POWER STEERING	<b>Atty. Dkt.:</b> 11-224 <b>Art Unit:</b> 3611 <b>Examiner:</b> Anne Marie M BOEHLER <b>Confirmation No.:</b> 2752
<ul style="list-style-type: none"> <li>• Transmittal Form (1 page)</li> <li>• Fee Transmittal (including authorization to charge \$330 to Deposit Account No. 50-1147) (1 page)</li> <li>• Petition for two month extension of time (1 page)</li> <li>• Notice Regarding Extension of Time Calculation (1 page)</li> <li>• Notice of Appeal (1 page)</li> <li>• Pre-Appeal Brief Request for Review (5 pages)</li> </ul>	

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PTO/SB/21 (07-08)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)


Application Number	10/776,196
Filing Date	FEBRUARY 12, 2004
First Named Inventor	TODA et al.
Art Unit	3611
Examiner Name	BOEHLER, ANN MARIE M.
Attorney Docket Number	11-224

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|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input checked="" type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Notice Regarding Extension of Time<br>Calculation |
|---|--|--|


Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	BRIAN C. ALTMILLER		
Date	OCTOBER 19, 2006	Reg. No.	37,271

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	BRIAN C. ALTMILLER	Date	OCTOBER 19, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17  
OMB 0851-0032

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

**FEE TRANSMITTAL**  
For FY 2006**Complete if Known**

Application Number **10/776,196**  
 Filing Date **02/12/2004**  
 First Named Inventor **TODA et al.**  
 Examiner Name **BOEHLER, Anne Marie M**  
 Art Unit **3611**  
 Attorney Docket No. **11-224**

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OCT 19 2006☐ Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**830****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fees Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: Extra Claims Fee (\$): Fee Paid (\$) Multiple Dependent Claims Fee (\$): Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims: Extra Claims Fee (\$): Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ \_\_\_\_\_ (\$ for small entity)  
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: Extra Sheets Number of each additional 50 or fraction thereof: Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: NOTICE OF APPEAL (\$500) + EXTENSION OF TIME (\$330)**\$ 830****SUBMITTED BY**

Signature: Brian C. Alt Miller Registration No. (Attorney/Agent) **37,271** Phone: (703) 707-9110  
 Name (Print/Type) **Brian C. Alt Miller** Date: **October 19, 2006**

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